

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09373684</i>	FILING DATE <i>06-08-01</i>		
							APPLICANT(S)			
							CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	/						51			
2		/					52			
3		/					53			
4		/					54			
5		/					55			
6		/					56			
7		/					57			
8		/					58			
9		/					59			
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11	/						61			
12		/					62			
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17		/					67			
18	/						68			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3	/					TOTAL IND.			
TOTAL DEP.	64	←	↓	←	↓	↓	TOTAL DEP.	←	↓	↓
TOTAL CLAIMS	37						TOTAL CLAIMS			

BEST AVAILABLE COPY